

ADP Branch Employee Approver Certification

ADP 100123 (Rev 12/05)

ADP Approved (ADP use only)DateApprover

For Access to Confidential ADP Drug Medi-Cal

ADP Branch : _____

To ensure the confidentiality of Drug Medi-Cal (DMC) data, the Department of Alcohol and Drug Programs (ADP) requests the appropriate ADP Branch Manager designate a primary and a secondary contact to be responsible for approving ADP employee requests for access to confidential patient data in the systems checked below. Please provide this information in the spaces below and forward this form to Program Services Division (PSD), Fiscal Management and Accountability Branch (FMAB) for DMC. If you have any questions about this form, please call (916) 323-2043.

Primary Approver:

First Name: _____ Last Name: _____

Title: _____

Phone Number: (____) _____ Fax Number: : (____) _____

Email Address: _____

Primary Approver's Signature: _____

(Signer acknowledges having read the Confidentiality Statement for all ADP AOD/ITWS users)

Secondary Approver:

First Name: _____ Last Name: _____

Title: _____

Phone Number: (____) _____ Fax Number: : (____) _____

Email Address: _____

Secondary Approver's Signature: _____

(Signer acknowledges having read the Confidentiality Statement for all ADP AOD/ITWS users)

ADP/Mental Health Systems:**Please check the systems for which the above approvers may authorize access requests:**County Systems☐ Short-Doyle / Medi-Cal Claims/DMC (SDMC-DMC)ADP Systems☐ ADP – LAN**ADP Certification:**

As Manager of _____, I designate the above individuals to have independent authority to approve access requests to specific confidential Drug Medi-Cal data. The ADP may rely on approvals, denials, and changes made by these individuals in its processing of access requests to the above selected system(s). As changes occur to the above approving contact's information (name, phone, e-mail or system), I will sign an updated certification and forward it to PSD/FMAB. Also, I acknowledge reading the Confidentiality Statement for all ADP AOD users of the ITWS.

Manager (signed and printed)_____
Date